

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90091 007 ****61.25

DOCUMENT # N02000001139

1. Entity Name
**AMANDA OAKS OF CHRISTINA HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**PO BOX 5651
LAKELAND, FL 33807**

Mailing Address
**PO BOX 5651
LAKELAND, FL 33807**

DO NOT WRITE IN THIS SPACE



01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number
04-3637274

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, JOHN W
6923 LACY DR
LAKELAND, FL 33813**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HERNAN, ANDY
STREET ADDRESS	143 SHANNON OAKS DR
CITY - ST - ZIP	LAKELAND, FL 33813

TITLE	DVPS
NAME	ANDREADIS, KIMBERLY
STREET ADDRESS	6915 LACY DR
CITY - ST - ZIP	LAKELAND, FL 33813

TITLE	DT
NAME	SMITH, JOHN
STREET ADDRESS	6923 LACY DR
CITY - ST - ZIP	LAKELAND, FL 33813

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John W Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-07

Date

863-647-9499

Daytime Phone #